

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 568319

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	2		1				54						
5	5	0	0	0	0	0	55						
6							56						
7			1				57						
8			1				58						
9			1				59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14			1				64						
15	1	1	1	1	1	1	65						
16	1	1	1	1	1	1	66						
17	1	1	1	1	1	1	67						
18	1	1	1	1	1	1	68						
19			1				69						
20	1	1	1	1	1	1	70						
21	1	1	1	1	1	1	71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
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33							83						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3		3								
TOTAL DEP.			18		18								
TOTAL CLAIMS			21		21								